

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039165

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 485

FILED OCT 25 1963

## 1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Cape Girardeau

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

SEMO Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Gir.

c. CITY

OR

Cape Girardeau

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS (If outside, give location)

416 Elm

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Herman

Elwood

Allen

4. DATE  
OF  
DEATH

Month

Day

Year

Oct. 21, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-7-1921

9. AGE (last birthday)

42

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR  
Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mattress maker

10b. KIND OF BUSINESS OR INDUSTRY

Bedding

11. BIRTHPLACE (City and state or country)

Biggers, Ark.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Herman Allen

13b. MOTHER'S MAIDEN NAME

Mary Sann

14. NAME OF HUSBAND OR WIFE

Georgia Hill Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

(If yes, give war or dates)

YES

WWII

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Georgia Allen Cape Gir., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN

ONSET AND DEATH

sudden

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Coronary Atherosclerosis

undetermined

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/21/63 to 10/21/63 and last saw him alive on 10/21/63  
Death occurred at 3:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Jo R Cochran MD

(Degree or title)

22b. ADDRESS

24 North Sprigg St.

22c. DATE SIGNED

Cape Girardeau, Missouri

10/22/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

10-24-63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Cape Girardeau, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ford & Sons

Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.

10-23-63

26. REGISTRAR'S SIGNATURE

Gene Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0168

2 0168

3

4 0

5 1

6

7 1

8

9 4/201

10

11

12 3-0

13 10

OCT 29 1963

JAN 17 1964

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_ *W. J. Ford*

Licensed Embalmer No. *5257*

P. O. Address *Depe Linderman Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.